Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 1 of 142

Participant must provide all of the information below in English:

1. Participant's c if any:	sontact information, including chial address, and that of its counsel,
Participant's Name:	ISUAIN LUNA OCTLOAR FIDO
Participant's Address:	4512 CALLE NATACION PONCE, PROOT.
Participant's Email Address:	Miguel A Morales Munis Elishop. Com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283 LTS
Nature of Claim:	Promesa TITIS TIT
By: Signature	Justo
TSUAIN LUNI Print Name	a Alvarabo
Title (if Participant is	
9/20/21 Date	

TSUAIN LUND HONDERDON
HS12 Calle NATACION
PONCE PE DO728

Jean, PR Carlos 7251-811600 Thandow STE 150 LOURT

7 SEP 2021 PM 2 L

APHIS TA 380 C

Fecha: 27 de Septiem de Page 3 of 142 Tribunal de Distrito de EE.UU Oficina de Secretaria Avenida Carlos Chardon 150, Suite 150 San Juan Puerto Rico 00918-1767 Notificación de Indagatoria b. Nombre: Margarita Rivera P.O. BOX 1526 Arroyo, P.R 00714 Salarios trabajados Claim number 17 1238

> Margarita Rivera Firma: Manganda Ameron

- 9. Deberá presentar la Notificación de indagatoria en el formato estipulado por el sitio web del Caso del Título III, a saber:
 - a. Estar por escrito, en inglés, e ir firmada;
 - b. Indicar su nombre, domicilio, naturaleza de su Reclamación y número de Reclamación;
 - c. Indicar sus intenciones de participar en la indagatoria relativa a la confirmación del Plan; y
 - d. Presentarla electrónicamente al Tribunal, en el registro CM/ECF Notificación de intenciones de participar en la indagatoria de la Confirmación del Plan del Estado Libre Asociado, en En referencia al Estado Libre Asociado de Puerto Rico, Caso núm. 17 BK 3283-LTS, a través del sistema de registro de casos del Tribunal como más tardar en la fecha de plazo final correspondiente.
 - i. Si no está usted representado por un abogado, podrá optar por enviar la Notificación de indagatoria por correo postal a la Oficina de Secretaría del Tribunal, en:
 - Tribunal de Distrito de EE.UU., Oficina de Secretaría
 Avenida Carlos Chardón 150, Suite 150
 San Juan, Puerto Rico 00918-1767

que deberá recibirse como más tardar en la fecha de plazo pertinente.

- 10. Para poder participar en la indagatoria relacionada con la confirmación del Plan, deberá presentar la Notificación de indagatoria en plazo. No obstante, si no presentase la Notificación de indagatoria en plazo, ello no será óbice para que presente una objeción a la confirmación del Plan como más tardar en el Plazo de objeción de la Confirmación, aunque no podrá ver los documentos del Depósito del Plan ni tampoco participar en la indagatoria.
- 11. Calendario y fechas límite de indagatoria. El Tribunal ha establecido el siguiente calendario y fechas límite, que serán aplicables a los Deudores y a otras partes interesadas que hayan presentado puntualmente una Notificación de indagatoria y tengan

Margar, ta Kivera P.O. Box 1526 Armyo P.R 00714

ribunal de Distrito de EE.UU Oficina de Secretaria Oficina de Secretaria Ave. Carlos Chardon 150 Suite 150 Son Tijan P.R. 00918-1767

MEMPHIS TN 380 1 OCT 2021 PM 3 L

7071 OC1 -2 bW 2: 5r

RECEIVED AND FILED U.S. DISTRICT COURT SALULAN, PR



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name:
Participant's Address: Result William Start age LY
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel: Celular 939 268 4187
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 1675747-3283 Nerm: Caso 195523
Nature of Claim:
By: Hector MROJED
Signature
Print Name
Title (if Participant is not an individual)
(
Date 30/9/2021

Rro se Notices of Participation Page 8 of 142 alirias, Ph. 00751





Court's Clerk's Office at: United States District Courtderly Office 150 Ave. Carlos Chardon Ste. San Juan, P.R. 00919-1767

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 9 of 142

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	0 0	
Participant's Name:	Carmen lones Vere	V
Participant's Address:	Carmen Torres Peres HC-67 Box 21978, Fapor	to P.R. 00738
Participant's Email Address:		T DIVERSED THE
Name of Counsel:	None	
Address of Counsel:	none	100
Email Address of Counsel:	none	
2. Participant's Control Number: Nature of Claim: By: Clumn Torre Signature Chann Torre Print Name Title (if Participant is a possible of the possible o	Participant's Clair No. 17- 3283 Our Participant's Clair our Participant's Clair	MECHIVEU AND FILES CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN. PR 7021 OCT -5 PM 5: 24

He-67 Box 21778 Hyarda, P. R. 00788

00918-170399

luted state District Gut derk's Office iso am Carbo Chodon Ste. 150 An Juan, P.R. 00718- 1767

RECEIVED AND FILED

U.S. DISTRICT COURT

U.S. DISTRICT COURT

U.S. DISTRICT COURT

V.S. DISTR

S SUBURBAN IL 604 g

30 SEP 2021 PM 4

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 11 of 142

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Nilda Mangual Flores
Participant's Address: C/1 I/3 Est. San Fernando, Carolina P.R.
Participant's Email Address: $\frac{\eta}{a}$
Name of Counsel: $2\sqrt{a}$
Address of Counsel: n/a
Email Address of Counsel: Ma
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 40.17BK 3283L 75
Nature of Claim: Adjustment salary interest and so thems
By: Yelda Mangual Flores
Signature Alt Island Haland Al Flories
Print Name
Title (if Participant is not an individual)
Date

m, P.K. 00918-1767

destrolling the plant of the property of the p

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 13 of 142

1.

Participant must provide all of the information below in English OFFICE SAN JUAN, PR.

Participant's contact information, including email address, and that of its counsel,

TOT OF PHE DE

ii diry.			01 0 111 3. 2	
Participant's Name:	Luis F. Rivero	Márque	٧	
Participant's Address:	Luis F. Rivero	6, Las M.	aviás, P.	2.006
Participant's Email Address				
Name of Counsel:		0		
Address of Counsel:		5		
Email Address of Counsel:				
2. Participant's	Claim number and the nat	ture of Participant	's Claim:	
Claim Number:	2	Linearon .		2
Nature of Claim:				0
Ву:				
Signature				
Print Name				
	-			
Title (if Participant is	s not an individual)			
	· · · · · · · · · · · · · · · · · · ·			
Date				

	Ooc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: o se Notices of Participation Page 14 of 142
	Las Marias, P.R.
	U.S. DISTRICT DURN, PR
	U.S. DISTRICT COOKS
/-	+ quien pueda MAFETES PM 5: 24
Centifico	por este medio que estor interesado
en estav	vepresentado por el sistema de retiro
	ados Públicos del gobierno de Puerto Rico.
	At entamente,
	Luis F. Privera Marque Maestro Reliado
Nota: El	formulario no lo llene completo
	que no entiendo inglés.
, , ,	The second secon

IEN K'S

Office, Aug. Charden Ste.

RECEIVED AND FILED OLERK'S OFFICE U.S. DISTRICT COURT SAN'JUAN, PR

2021 OCT -5 PM 5: 24

LWIS F. Rivera Marquez

Maxias, P.R. DO 670

23 SEP 2021 PM 2

Juan, P.R. <u> Կուկարերի արդանակարդանի արևուրդությունն արդարի ար</u>

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc SRF 55923 Pro se Notices of Participation Page 16 of 142

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: David Quintana Quinones &
Participant's Address: 7 calle Archilla Cabrera Mayaguez, PR. 00680
Participant's Email Address: dquintana 820 @msn.com
Name of Counsel: United States District Court &
Address of Counsel: Clerk's Office, 150 Ave. Carlos Chardon Ste. 150
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17-BK-3566-LTS / Tax 1D: 9686
Nature of Claim: Employees Retirement System of the Government of Puerto Nico
By: Marie Division Signature
David Quintana Quiñones Print Name
Retired Teacher Title (if Participant is not an individual)
17 de septiembre del 2021 Date

Carmine Southago 7 calle Archilla Cabreron Mayaguez, P.R. 01680

23 5年 2021 學系以

United States District Court Clerk's Office, 150Ave. Carlos Chardon Ste.

San Juan, P.R. 00918-1767

101 OC1 -2 BW 2: 52

RECEIVED AND FILES OLESA'S US FICE U.S. DISTRICT COURT SAN JUAN, PR

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 18 of 142

SRF 55923

Participant must provide all of the information below in English:

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc:

Pro se Notices of Participation Page 19 of 142

7 calle Archilla Mayaguez, P.R. 00680 David Wintowa Labrera

United States District Court Clerk's Office, 150 Ave. Carlos Chardon Ste. 150

9-

RECEIVED AND FILES

OINTRIO RU AUU MA<mark>S</mark>

100 1707

San Juan, P.R. 00918-1767

المارا المارات المارات



Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 20 of 142

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel,

ii ally.	
Participant's Name:	Carmen I. Cruz Velázquez
Participant's Address:	Apartado 997 Cidra, P.R. 00739
Participant's Email Address:	carneniriscruz 42 gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	J ANSTRE
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	175398
Nature of Claim:	Wages Back Pay Promesa Title III
By: Carma Q.C. Signature	3 Velstores No. 17BK 3283-LTS
Carmen I- Print Name	Cur Velärquez
Title (if Participant is	not an individual)
	embre de 2021

Pro se Notices of Participation Page 21 of 142

RECEIVED AND FILED CLERK'S OFFICE U.S. DISTRICT COURT SAM, JUAN, PR

2021 OCT -5 PM 5: 25

idra, P. P. 00739

armen I. Com Velarquer

Ave. Carlos Chardon Ste, 150 TOWER THE PROPERTY OF THE PROP Office 150 SRF 55923

1.

Date

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	2 PM 5: 25
Participant's Name:	Gladys Padin Bermudez
Participant's Address:	HCO6 Box 61819 Camuy, P. R 00627
Participant's Email Address:	gladyspadin Eyahoo.com
Name of Counsel:	5 51 5
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	claim number and the nature of Participant's Claim:
Claim Number:	47578
Nature of Claim:	Deptement of Education did not
By: Slwy Val	Burnuly give me earning that was entileted to me
Signature Gla au Pa	idin Bemule Dilli Francisco do me
Print Name	(Public Employee Claims
Filmt Name	
Title (if Participant is	not an individual)
Septembe	3, 2021

CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR

2021 OCT -5 PM 5: 25

Heal Box 61819 Camuy, P.D. 00027

Court & Clerk DARac United Status Bistmat Gunt, Genk's Office, 150 Ave Carlor Chardon Ste, 150

MEMPHIS TN 380 C



Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 24 of 142

Participant must provide all of the information below in English. DISTR

Participant's contact information, including email address, and that of its counsel 25 if any: Maria M. Coss Participant's Name: Participant's Address: Participant's Email Address: Maria . Cm 0001 egmai Name of Counsel: Address of Counsel: None Email Address of Counsel: None 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual) 3 200

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

1.

RECEIVED AND FILED CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR

2021 OCT -5 PM 5: 25

MARIA M. COSS MARTINEZ URB. VILLAS DE CASTRO CC-1A CALLE 23 CAGUAS, P.R. 00726

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767





Participant must provide all of the information below in English:

	rticipant's contact information, including email addrany:	ess, and that of its counsel,
Participant's Nam		1
Participant's Addr	10 10	/
Participant's Emai	ail Address: Maria. cm 000/egmail. co	o M
Name of Counsel:	: None	
Address of Couns	sel: Nowe	
Email Address of	Counsel: None	
2. Par	articipant's Claim number and the nature of Participa	nt's Claim:
Claim Number:	117336	OC SANS
Nature of Claim:	Salary and	Pension
By: Man	M. Cos Max	PM S
Signature	Company of the second	25
Maria Print Nam	M. Coss Martinez	
Time Nam		
Title (if P	Participant is not an individual)	
Angust	131,0001	
- J		

RECLIVED AND FILEB CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR

2021 OCT -5 . PM 5: 25

MARIA M. COSS MARTINEZ URB. VILLAS DE CASTRO CC-1A CALLE 23 CAGUAS, P.R. 00726

GODIN-170m/N

SAN JUAN, P.R. 00918-1767

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150



Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 28 of 142

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: Maria . Cm 000/egmai Name of Counsel: Address of Counsel: None Email Address of Counsel: None Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)

URB. VILLAS DE CASTRO CC-1A CALLE 23 CAGUAS, P.R. 00726 MARIA M. COSS MARTINEZ

CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767

UNITED STATES DISTRICT COURT

NA SEL MONE

PRINTED TO WOO

마시 2: 56

ERRECEIVED AND FILES
U.S. DISTRICT COURT
U.S. DISTRICT COURT
OLE FRY'S OFFICE
THE SAM JULYN, PR

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 30 of 142

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	*	2021 UCI -5 Ph 3. 20	
Participant's Name:	Maria M. Coss	Martinez	
Participant's Address:	CCIA St. 23 lb.	Villas de Casto Cago	105 P.R.0073
Participant's Email Address:	Maria . Cm 0001eqm	ail.com	15 15 15 15 15 15 15 15 15 15 15 15 15 1
Name of Counsel:	None		
Address of Counsel:	None		
Email Address of Counsel:	None	N	2 x
2. Participant's (Claim number and the natur	e of Participant's Claim:	8
Claim Number:	167932		31 31 31
Nature of Claim:	Salary or	nd Pension	130 10 10 10 10 10 10 10 10 10 10 10 10 10
By: Maria M.G. Signature	2 may		
Maria M - Cos Print Name	ss Martinez	¥	
	•		
Title (if Participant is August 31, 200 Date	not an individual)		

MARIA M. COSS MARTINEZ URB. VILLAS DE CASTRO CAGUAS, P.R. 00726 CC-1A CALLE 23

COUTD-1/COUNT

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767

RECEIVED AND FILED OLEPA'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR



Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 32 of 142

Participant must provide all of the information below in English: U.S. DISTRICT COURT

Participant's contact information, including email address, and that of its counsel, 5: 26

if any:		TAST OC !
Participant's Name:	Maria M. Coss M	artimez
Participant's Address:	CCIA St. 23, Up. Villa	s de Castro Caguas P.R.00205
Participant's Email Address:	Maria . cm 0001eqmail	. com
Name of Counsel:	None	
Address of Counsel:	None	
Email Address of Counsel:	None	
2. Participant's	Claim number and the nature of P	articipant's Claim:
Claim Number:	136554	
Nature of Claim:	Salary and	Rension
By: Main M.Co. Signature	is May	
Maria M. Cos Print Name	ss Martinez	
Title (if Participant is	not an individual)	
Septem kur Date	13, 202/	
T		

MARIA M. COSS MARTINEZ URB. VILLAS DE CASTRO CC-1A CALLE 23 CAGUAS, P.R. 00726

OS CHARDON STE. 150 JUAN, P.R. 00918-1767

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767

2021 OCT -5 PM 5: 26

RECEIVED AND FILED OLERW'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR



Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 34 of 142

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Maria M. Coss Wartinez
Participant's Address: CC 1A St. 23, Ub. Villas de Casto, Caguas, P.R. 20735
Participant's Email Address: Maria . Cm 0001 egmail. com
Name of Counsel:
Address of Counsel: No we
Email Address of Counsel: Non-e
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 167933
Nature of Claim: Salary and Reusian B
By: Main M. Coso Many
Maria M. Coss Martinez Print Name
Title (if Participant is not an individual)
Date Date

URB. VILLAS DE CASTRO CC-1A CALLE 23 CAGUAS, P.R. 00726

MARIA M. COSS MARTINEZ

RECEIVED & FILED

121 OCT -5 PM 5: 19

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767

MEMPHIS TN 380 27 SEP 2021 PM 2 L



C0010-170025

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Maria.cm ocolegmail.com

Name of Counsel:

None

Address of Counsel:

None

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Maria M. Coss Martinez

Print Name

Title (if Participant is not an individual)

Title (if Participant is not an individual)

MARIA M. COSS MARTINEZ URB. VILLAS DE CASTRO CC-1A CALLE 23 CAGUAS, P.R. 00726

27 SEP 2021 PM 2 L

OREVER / USA

MEMPHIS TM 380

PH 5: 19

701 10CT -5

RECEIVED & FILED

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 38 of 142

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: No we Address of Counsel: Non-e Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)

CC-1A CALLE 23 CAGUAS, P.R. 00726

MARIA M. COSS MARTINEZ URB. VILLAS DE CASTRO

RECEIVED & FILED

2021 OCT -5 PH 5: 20

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150

SAN JUAN, P.R. 00918-1767

27 SEP 2021 PM 2



Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 40 of 142

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Maria M. Coss Participant's Name: Participant's Address: Participant's Email Address: Maria . Cm 000/e Name of Counsel: Address of Counsel: None Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)

MARIA M. COSS MARTINEZ URB. VILLAS DE CASTRO CC-1A CALLE 23 CAGUAS, P.R. 00726

图 5:20 RECEIVED & FILED

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE.
CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767





Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 42 of 142

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Maria M. Coss Participant's Name: Participant's Address: Participant's Email Address: Maria . Cm 0001 egmai Vone Name of Counsel: None Address of Counsel: Email Address of Counsel: None 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)

IN SEL TOOK AUS AN

VINTER TA WOO

MARIA M. COSS MARTINEZ URB. VILLAS DE CASTRO CC-1A CALLE 23 CAGUAS, P.R. 00726

PH 5: 20 RECEIVED & FILED 201 100 LUI

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE.
CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767

COUTM-1700NE

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 44 of 142

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Maria, M. Coss Participant's Name: Participant's Address: Participant's Email Address: Maria . Cm 000/egmai Vone Name of Counsel: Address of Counsel: None Email Address of Counsel: None 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)

MARIA M. COSS MARTINEZ URB. VILLAS DE CASTRO CC-1A CALLE 23 CAGUAS, P.R. 00726

FOREVER / USA

VENDIIS TN 380

A E.CETYED & FILED

PH 5: 20

2021 OCT -5

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767

SOUTH-TYONAN

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 46 of 142

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Ulises M. Santiago Cintron
Participant's Address:	PO Box 1191, Aboute PRODROS
Participant's Email Address:	viewgraphicsaibonito @ gmail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	17BK 3283-LTS
Nature of Claim: By: Signature Ulises M. So	PROMESA TITLE III
Print Name	251 251
Title (if Participant is	not an individual)

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

9/23/21

Date

ANDONE PROGRES

PO Box 1191

M. Soutiago

San Juan PR 00918-1767

A CONTRACTOR OF THE PARTY OF TH

United States District Courton Office

150 Ave. Coulos Chardon

2:52

RECEIVED AND FREE OFFICE U.S. DISTRICT COURT PROPERTY OF FICE OF THE OFFICE OFFICE OF THE OFFICE OFFICE OF THE OFFICE OF THE OFFICE OFFICE OF THE OFFICE OFF





Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 48 of 142

Participant must provide all of the information below in English & OFFICE

U.S. DISTRICT COURT 1. Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual)

Comerco, P. R. DO 782 gun Longe Quivos 555041-01600 00 00918.1767 NOLL

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 50 of 142

SRF 55923

1.

Participant must provide all of the information below in English.

Participant's contact information, including email address, and that of its counsel,

RECEIVED AND FILES

if any:	2921 OCT -5 PM 5: 25
Participant's Name:	Rivera Valentin, Carmen
Participant's Address:	C 12 Urb. San Cristópal, Aguada, P. H. 0060
Participant's Email Address:	Cr77709700 gmail · Com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	Trans.
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	97544
Nature of Claim: By: Claim: Signature	Public Employee Claims Valetus
Carmen River	a Valentin
Print Name	
Title (if Participant is	not an individual)
Date Date	nore 2021

2021 OCT -5 PM 5: 25

150, San Juan

MEMPHIS TN 380 DI W

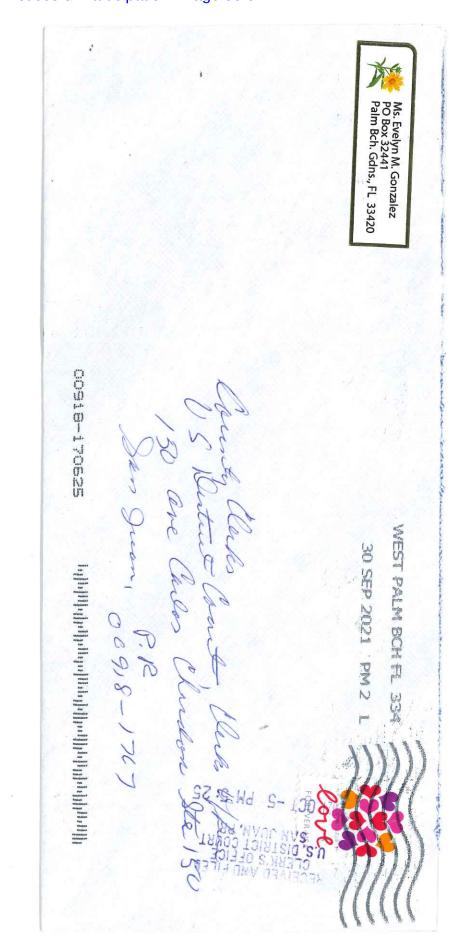
Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 52 of 142

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:				
Participant's Name:	Evelyn	Marti	0	
Participant's Address:	BOX 324	41 Palm	Beach 6	orders F
Participant's Email Address: Mark.	no eat	attenet		<u>33</u> 4
Name of Counsel:	1			
Address of Counsel:				
Email Address of Counsel:				h
2. Participant's Claim number	er and the nature of	Participant's Cla	im: 🖹	U.S.C.
Claim Number: 17	BK	3283	275	DIST
Nature of Claim:			5 PM	NO AS
By: Frelga marte			ं य	
Signature			25	-1 65
Evelyn Martin	6			
Print Name				
Title (if Participant is not an indiv	vidual)			2.8
	(
Date		2 2 8		



Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc SRF 55923 Pro se Notices of Participation Page 54 of 142

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Participant's Email Address:

Participant's Claim Number and the nature of Participant's Claim:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Participant's Claim number and the nature of Participant's Claim:

Participant's Claim number and the nature of Participant's Claim:

Title (if Participant is not an individual)

Title (if Participant is not an individual)

religion of the property of th

Acol Soc 13915 Rio Acole P.R. 878

MEMPHIS TN 380

180 Pugunu

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 56 of 142

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of	its coun	sei,
if any:		
Participant's Name: Nirma Ortiz-Recio		
Participant's Address: Gle Isidro Camacho #19, Lajas P.R.	0066	7_
Participant's Email Address: nirma0987@gmail.com		
Name of Counsel:	2002	
Address of Counsel:	130	S. DIS
Email Address of Counsel:	5	STRIC STRIC
	꽃	N POS
2. Participant's Claim number and the nature of Participant's Claim:	ů	REM
Claim Number: <u>Case: 17-63283-LT5 - 151599</u>	26	
Nature of Claim: Ley 89-Incentivo		
By: Misma Octiz Ferio		
Signature		
Nirma Ortiz-Recio		
Print Name		
and the second of the second o		
Title (if Participant is not an individual)		
29 de agosto de 2021		
Date		

Calle Isidro Camacho 119 Lajas, P.R. 00667

SECOZ 1-01500

Jerk's Office, 150 Ave Jerk's Office, 150 Ave Jarlos Chardon Ste, 150 San Juan, P. R. 00918-1767

27 SEP 2021 PM 3 L

MENTER TRUE

031 0C1 -2 bW 2: 50

RECEIVED AND FILED OLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR



The second secon

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 58 of 142

SRF 55923

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

132700, 102706, 107924, 50386,

Signature

Mature of Claim:

By:

Print Name

Title (if Participant is not an individual)

20-Sept-2021

U.S. DISTRICT COURT SAN JUAN, PR

Participant must provide all of the information below in English 5: 26

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Parallo Otapo

Print Name

Title (if Participant is not an individual)

Sapt. 33, 303)

Date

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

1.

Jan Jum, PR 00918-1767

RCILEAS

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 62 of 142

Participant must provide all of the information below in English

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Louvdes Rodviguer miranda Box 8711 Ponce Pr 00732
Participant's Address: BOX 8711 Ponce PR 00732
Participant's Email Address: 1. rodrigue 211 iranda 54@ gmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Case No. 17-03383-LTS
Nature of Claim: Ley num 09 Romeraro Promesatitulo 111
By: Roundes Rodrigue Mirandos Signature
Lourdes Rudriguer Mirander Print Name
Title (if Participant is not an individual)
Sept. 14 2021

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Pro se Notices of Participation Page 63 of 142

Sept 14-21

Promesa: Copy of Receipt Certified Mail I sent you

Lewids Roduizmuands
PD Participant claim sent you
copies (evidence)



Tone PRO0732

des Production minima

18 SEP 2021 PM 2 MEMPHIS TN 380

00918-170625

JUAN PR. 00918-1767 te:150, Desc: SRF 55923

1.

Participant must provide all of the information below in English AND FILEB

Participant's contact information, including email address, and that of its counsel,

ii any:
Participant's Name: Befen 2. Silva Bernier
Participant's Address: POBOX 1133 GARGAMA, Puerto Pico 0072
Participant's Email Address: DSilvabernier Pyohoo.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 165976 & 165727 Money owed to us by Puerto Dicogovernment through the Dept. Nature of Claim: By: Signature, Signature, Print Name 165976 & 165727 Money owed to us by Puerto Dicogovernment through the Dept. By Puerto Di
Title (if Participant is not an individual) Lept 8 3001 Date Date Date Date Date Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

COMIN-1 FORCE 70 NEW 12021 PM V

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 67 of 142

RECLIVED AND FILES

Participant must provide all of the information below in English:

if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Dose Pagani nnontalvo
Participant's Address:	Bola. La Egranja de Utuado, PR. O
Participant's Email Address:	Ja Pagan 892 Oguail-com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim:	Between+
By: Jose A lagan Signature	or constru
José	of office out from the cold and April
Print Name	
Title (if Participant is	
9/ 1/ 200	

RECEIVED AN CLERK'S D U.S. DISTRIC SAN JUA 2021 OCT -5

States District Court Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 69 of 142

Participant must provide all of the information below in English ELECT COURT

		SAN JUAN. PR	
1.	Participant's coif any:	ontact information, including email address, and that of its cou	
Participant's	Name:	Carmen M. Mercado Castro	
Participant's		P.O. Box 474 Ceiba, P.R 00°	735
Participant's	Email Address:	Comercado castro 13@ gmail. com	
Name of Cou			4
Address of C	ounsel:		
Email Addres	ss of Counsel:		
2.	Participant's C	Claim number and the nature of Participant's Claim:	
Claim Numb	er:	59462	
Nature of Cla	nim:		
ву: <u>Са</u>	inea M.	Mercado Castro	
Signa (la	ture	Mercado Castro Mercado Castro	
Print	Name		
Title	(if Participant is	not an individual)	
Se Date	ptem ber	11/2021	

00910-170625 S SUBURBAN IL plannih hilliphallihallingananlihalihili

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 71 of 142

Participant must provide all of the information below in English

Participant's contact information, including email address, and that of its counsel, 1. if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: ension / Refire Claims Nature of Claim: By: Title (if Participant is not an individual)

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

U.S. DISTRICT COURT

41600 S2907.1-81600 Clerks Office Chirds Strict & United 150 San Jun PR 00918-1767 SAN OLER Participant must provide all of the information below in English?

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	maritza Rosas Rotas	
Participant's Address:	Reg-corn EditiyAptixs maxionpa	0065
Participant's Email Address:	: Maritzaro 5-5 812 Qgmilocom	
Name of Counsel:	MA	
Address of Counsel:		
Email Address of Counsel:	RIA	
2. Participant's (Claim number and the nature of Participant's Claim:	
Claim Number:	NO17 BIC3283 - LTS	
Nature of Claim:	rest Past 181 percent see to the product of the same see	
By: Signature	The time of reductive gradest my as the FOR St sugar we worke	
Moritza Ro Print Name	SLS Rojes	
Title (if Participant is	not an individual)	
3-5cpt-2	-07/	

p. R. 00682 Rosas Rapes

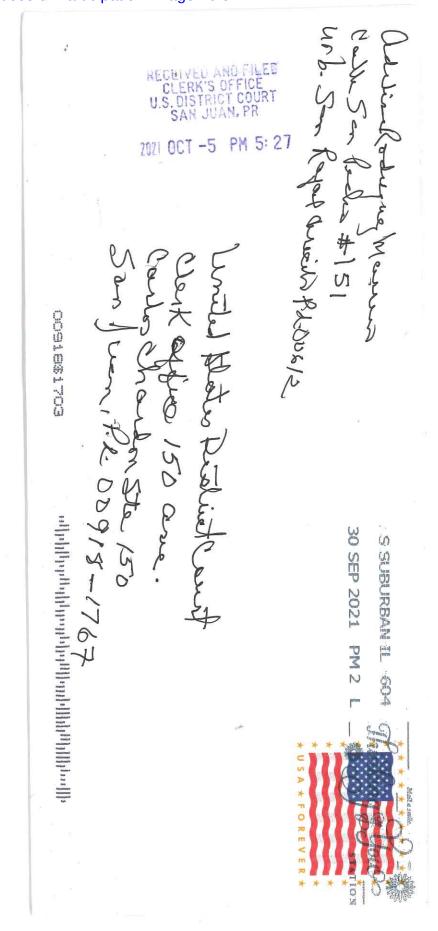
eddhadhaldaladadadallidialilada

SVM OF EN OF EN SECE.A.

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 75 of 142

Participant must provide all of the information belowin English

Participant's contact information, including email address, and that of its counsel, 1. if any: Participant's Name: Participant's Address: Participant's Email Address: Qdeline Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Print Name Title (if Participant is not an individual)



Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 77 of 142

Participant must provide all of the information below in English JAN, PR

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Marra S. Navarro Cofto
Participant's Address: P.O. Box 1106 Cidra, P.R. 00739
Participant's Email Address: Socky-navarros & hotmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 176206, 157716, 155718, 157204
Nature of Claim: Wages, Back Pay Ley Promesa Title III
By: Maria S. Mavara Cotto no. 17 BK 3283 - 27. Signature
Maria 5. Novarro Cotto Print Name
Title (if Participant is not an individual)
23 = == ===============================

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

idra, P. A. 00739 lerks MEMPHIS TN 380 TI W MULLEVE

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 79 of 142

Participant must provide all of the information below in English:

if any:
Participant's Name: Sandra A. Rodriguez OCT 5 PM 5: 27
Participant's Address: (alle Isidro (amacho II/9, Lajas PR. 0066)
Participant's Email Address: Ita 1267 @ gol. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK 3283-LT5 - 151395
Claim Number: 17BK 3283-LT5 - 152395 Nature of Claim: Ley 89-Incentivo
By: Nandew A. Rod eigene Orleg Signature
Sandra A. Rodriguez-Ortiz
Print Name
Title (if Participant is not an individual)
18 de agosto de 2021 Date

Lsidro Camacho # 19

Jan Juan, P.R. 00918-1767

arlos Chardon Ste, 150

Office, 150 Are

The second secon

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 81 of 142

Participant must provide all of the information below in English

Participant's contact information, including email address, and that of its counsel, Garcia - Rivera Participant's Name: Participant's Address: 206 Dodd ST, Millsboro, DE, 19966 Participant's Email Address: __ Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Print Name Title (if Participant is not an individual) 210-2021 Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

1.

MINSDURO, DE, 19966 OScar Garcia Rivera

United States District Court 150 Ave, Carlos Chardon STe 150 San Juan, PR, 00918

MATERIAL DE TON

OL CALL TOTAL BE 4 T

PH 5:27

LIVED AND FILED MERK'S OFFICE DISTRICT COURT ASAU JUAN, PR

Service of the control of the contro

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 83 of 142

Participant must provide all of the information below in English:

CLERK'S OFFICE

Participant's contact information, including enall address and that of its counsel,

1.

Participant's Name: Participant's Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 175356 Claim Number: Wages Back Pay Promesa Title III no. 17 BA Nature of Claim: Title (if Participant is not an individual) septiembre de 2021

RECEIVED AND FILES CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR

2021 OCT -5 PM 5: 27

150, San Juan,

00918-170625

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 85 of 142

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: VI/Ma U. VAZquet Kodrigue Z
Participant's Address: Urb. San Antonio Calle Damasco # 2585 Ponce P.R. 00728-1804
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17777/
Nature of Claim: Pyerto Rico Telephone Company
By: Kilmalaggy Kodrigery
Signature Signature
Print Name
Title (if Participant is not an individual)
8/29/2021
Date

te enviado esto ahora

ta que he tenido familias

entermas con Covic.

entermas con Covic.

porfavor hay, cosas

que no entiendo Cfodrian

enviar los papeles en esfaño?

Lacios.

(a) A series of the control of th

MEMPHIS TN 380

FOREVER / USA

վեն ընդերի հայարի անում անում և հայարի հայարի ա

N.K.00918-1767

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 88 of 142

RECEIVED AND FILED

Participant must p	rovide all of the information	
1. Participant's conta if any:	act information, including ema	SAN JUAN, PR ail address, and that of its counsel, OCT -5 PM 2:27
Participant's Name:	VI/May: 14290	162 Podrigue
Participant's Address:	b. Santintonio	1/2 Damalsco#
Participant's Email Address: 🖊	TONCE F. N. OUT	30 1.00 1
Name of Counsel:	inn PPD	- Li Pade
Address of Counsel:	29 55	- Japeles
Email Address of Counsel:		
2. Participant's Clair	m number and the nature of Pa	articipant's Claim:
Claim Number:	17777/	
Nature of Claim:	P.R. te	lePhone Co.
By: Vilma Vage	& Roding	
Signature	2.5 18	121187
Print Name	42946 2 80d	rique
I lint Ivaine		V
Title (if Participant is not	an individual)	
8/29/0	202/	
Date		

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 89 of 142

de enviado esto ahora

yar que he tenido familias enfermas

con Covic

for favor hay cosas

que no entiendo:

ci Podrian enviar los

papeles en es paño!

Snacio.

Once P.R. 00728-180

United Clerk

27 SEP 2021 PM 2 L

PM 5:27

00918-1706NN

միակվիկակարակարկարկարակիսակիսիկարկ

1221-21600.7.

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 91 of 142

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, 1. if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: ignature **Print Name** Title (if Participant is not an individual)

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

Juan Rodriguez Aybar Pontevedra B10 Vistamar Marina Carolina, PR 00983 00918-170625 Tlerk's Office Chardon Ste. 50 Ave. Carlos Chardon Ste. 5an Juan, PR 00918-1767 28 SEP 2021 PM 1 MEMPHIS TN 380 RECEIVED AND FILEI U.S. DISTRICT COURT SAN JUAN, PR

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 93 of 142

Participant must provide all of the information below in English:

	U.S. DISTRICT COURT
1. Participant's c if any:	ontact information, including email address; and that of its counsel,
Participant's Name:	Raul Malave Zayas P.O. Box 1236 Cidra, P.R.00736
Participant's Address:	P.O. Box 1236 Cidra, P.R.00736
Participant's Email Address:	raulmalave 51 @ yahoo. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	A la company of the same and the
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	178987
Nature of Claim:	
By: Signature	
Raul Malave Print Name	Zayas
Mark Yang Palangan	
Title (if Participant is	not an individual)
<u>D9-20-30</u> Date	21 Mary Mary Mary Mary Mary Mary Mary Mary

RECEIVED AND FILEB CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR

2021 OCT -5 PM 5: 28

P.R. 00918-1767

idra, P.A. 00739

Sr. Raul Malavé Zayar . United States District (our, Clerk's Office, 150 Ave. Carles Chardon Ste. SanJuan

1. 全部 [12] AUG 在以

FOREVER / USA

Participant must provide all of the information below in English: PR

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Mayda N. Rodriguez Fraticelli
Participant's Address: C-3/Villa del Rey 1 Secologuas P.R.
Participant's Email Address: Mataelfalan a gmail-com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 15 22 20
Nature of Claim: Ley 89-Ley 96 F5Gala Salartan ension Juli
By: Mayda N. Rodnique Insticelli Signature
Mayda N Rodriguez Fraticelli Print Name
Title (if Participant is not an individual)
16 September 2021
Date

aquas, RECEIVED AND FILES CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR 2021 OCT -5 PM 5: 28 06725 Office, 150

Vrimera Sección

MEMPHIS TN 380

28 SEP 2021 PM 1

Ave. Carlos Chardon Ste.

150

L9 L1 - 31620

00010-170000

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Pro se Notices of Participation Page 97 of 142

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: ✓ Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 135455 Nature of Claim: By: Signature Title (if Participant is not an individual)

COSTS BEST CON WHITE WINDERSE BEST CONTRACTOR

PM 5: 28

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 99 of 142

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, 1. if any: Participant's Name: Participant's Address: Participant's Email Address: dorwiz 11 Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: (if Participant is not an individual)

S- 100 120 RECEIVED AND FILED U.S. DISTRICT COURT SAN JUAN, PR

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 101 of 142

Participant must provide all of the information below All Figures. Participant's contact information, including email and ess. and that of its counsel. Participent's Name: Participant's Address: Participant's Email Address: carlos_emigdio @ yahoo.com Name of Counsel: NO Address of Counsel: NO Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Salanos No Pagados votros beneficios Laborales Nature of Claim: Carlos E. Cruz Malave Title (if Participant is not an individual) 12-Sept- 2021

#192 calle Guayacán Toa Alta, PR 00953 Cuidad Jardín III CARLOS E. CRUZ MALAVE

իոկորդիհոտրիկրիկիկիկորդունոն

Clerk's Office **United States District Court**

150 Ave. Carlos Chardón Ste. 150

San Juan, PR 00918-1767

130

FOREVER / USA RECEIVED AND FILES OLERN'S OFFICE U.S. DISTRICT COURT SAM JUAN, PR

28 SEP 2021 PM 1 MENTHIS THE DES

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 103 of 142

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any: 2821 OCT -5 PM 5: 28
Participant's Name: Naria 1. Torres Torres Fl. 32277
Participant's Address: 6457 Fort Caroline vo apt #60 Jackson ville
Participant's Email Address: <u>Marucalorres@gmail.com</u>
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283-LT5
Nature of Claim: Salary / Carrera Magisterial
By: Mana Darredane
Signature 1
Maria I. lorres Jomes
Print Name
Departamente de Educación
Title (if Participant is not an individual)
9/22/2021
Date

ocksomille, Il. 32277

unted states listical Court Clark's Office, 150 Are Carlos Mardon Ste. 150 An Juan P.R 0098-1767

JACKSONVILLE FL 320

67 -5 PM 5:28

BOIL COURT



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: MIGNALIS DIAZ MONTAÑEZ Participant's Name: HC-03 BOX 9519 COMERIO, PUERTO RICO 00782 Participant's Address: mignalis@hotmail.com diazmmi@de.pr.gov Participant's Email Address: NONE Name of Counsel: NONE Address of Counsel: NONE Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 168/15 Claim Number: SALARY, STEPS BY EXPERIENCE YEARS WITHOUT INCREASE Nature of Claim: TEACHER CAREER MIGNALIS DIAZ MONTAÑEZ Print Name Title (if Participant is not an individual) **SEPTEMBER 20, 2021** Date

MIGNALIS DIAZ MONTAÑEZ HC-03 BOX 9519 COMERIO, P.R. 00782

RECEIVED & FILED

21 OCT -5 PN 5: 1"

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE.
CARLOS CHARDON STE. 150

CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if anv: MIGNALIS DIAZ MONTAÑEZ Participant's Name: HC-03 BOX 9519 COMERIO, PUERTO RICO 00782 Participant's Address: mignalis@hotmail.com diazmmi@de.pr.gov Participant's Email Address: NONE Name of Counsel: NONE Address of Counsel: NONE Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 168120 Claim Number: SALARY, STEPS BY EXPERIENCE YEARS WITHOUT INCREASE Nature of Claim: TEACHER CAREER By: MIGNALIS DIAZ MONTAÑEZ Print Name Title (if Participant is not an individual)

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

SEPTEMBER 20, 2021

Date

MIGNALIS DIAZ MONTAÑEZ HC-03 BOX 9519 COMERIO, P.R. 00782

RECEIVED & FILED

2021 OCT -5 PH 5: 19

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767

75 SEP 2021 - PA 2 1

LAV3 H SAID A O DE LA COMPANIA DE LA

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc:

Pro se Notices of Participation Page 109 of 142

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel.

if any: MIGNALIS DIAZ MONTAÑEZ Participant's Name: HC-03 BOX 9519 COMERIO, PUERTO RICO 00782 Participant's Address: mignalis@hotmail.com diazmmi@de.pr.gov Participant's Email Address: NONE Name of Counsel: NONE Address of Counsel: NONE Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 149600 Claim Number: SALARY, STEPS BY EXPERIENCE YEARS WITHOUT INCREASE Nature of Claim: TEACHER CAREER By: MIGNALIS DIAZ MONTAÑEZ Print Name Title (if Participant is not an individual) **SEPTEMBER 20, 2021**

COMERIO, P.R. 00782

MIGNALIS DIAZ MONTAÑEZ HC-03 BOX 9519

PIL 5: 22 RECEIVED & FILED 711 OCT -5

00910-170625

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	rticipant's Name: MIGNALIS DIAZ MONTANEZ		
Participant's Address:	HC-03 BOX 9519 COMERIO, PUERTO RICO 00782	Z.	
Participant's Email Address:	mignalis@hotmail.com diazmmi@de.pr.gov		
Name of Counsel:	NONE		
Address of Counsel:	NONE		
Email Address of Counsel:	NONE		
2. Participant's C	laim number and the nature of Participant's Claim:		
Claim Number:	168119		
Nature of Claim: By: Signature MIGNALIS DIAZ M		207	
Print Name	근 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	CFIVE	
Title (if Participant is a SEPTEMBER 20, 2021	not an individual)	9	
Date			

MIGNALIS DIAZ MONTAÑEZ HC-03 BOX 9519 COMERIO, P.R. 00782

PRECEIVED & FILED

1021 OCT -5 PM 5: 22

PLEI-KIS OFFICE

CLEI-KIS OFFICE

00918-170626

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767

MEMPHIS TN 380



Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 113 of 142

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

MIGNALIS DIAZ MONTAÑEZ

Participant's Address:

HC-03 BOX 9519 COMERIO, PUERTO RICO 00782

Mignalis@hotmail.com diazmmi@de.pr.gov

None

None

None

Participant's Claim number and the nature of Participant's Claim:

Title (if Participant is not an individual)

AUGUST 30, 2021

Date

Print Name

1.

if any:

MIGNALIS DIAZ MONTAÑEZ HC-03 BOX 9519

COMERIO, P.R. 00782

RECEIVED & FILED

PH 5: 22

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767

կրդինականակարդերինակրդերիակու

170071 -- B1600



では、 なまな のが 部香蜡 差 Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc:

Pro se Notices of Participation Page 115 of 142

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

TEACHER CAREER

MIGNALIS DIAZ MONTAÑEZ Participant's Name: HC-03 BOX 9519 COMERIO, PUERTO RICO 00782 Participant's Address: mignalis@hotmail.com diazmmi@de.pr.gov Participant's Email Address: NONE Name of Counsel: NONE Address of Counsel: NONE Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: 168120 SALARY, STEPS BY EXPERIENCE YEARS WITHOUT INCREASE Nature of Claim:

Signature Signature

MIGNALIS DIAZ MONTAÑEZ

Print Name

Title (if Participant is not an individual)

AUGUST 30, 2021

Date

Bv:

1.

if any:

MIGNALIS DIAZ MONTAÑEZ HC-03 BOX 9519 COMERIO, P.R. 00782

ECEIVED & FILED

CLERK'S OFFICE SOURY SAN HAVE BOUNT

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767





Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel,

if any: MIGNALIS DIAZ MONTAÑEZ Participant's Name: HC-03 BOX 9519 COMERIO, PUERTO RICO 00782 Participant's Address: mignalis@hotmail.com diazmmi@de.pr.gov Participant's Email Address: NONE Name of Counsel: NONE Address of Counsel: NONE Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 168118 Claim Number: SALARY, STEPS BY EXPERIENCE YEARS WITHOUT INCREASE Nature of Claim: TEACHER CAREER By: MIGNALIS DIAZ MONTAÑEZ Print Name Title (if Participant is not an individual) SEPTEMBER 20, 2021

MIGNALIS DIAZ MONTAÑEZ COMERIO, P.R. 00782 HC-03 BOX 9519

PH 5: 22 201 OCT -5

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767



Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc:

Pro se Notices of Participation Page 119 of 142

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	7			
Participant's Name:	Gregorio Figueroa Culón			
Participant's Address:	Gregorio Figueroq Colón Com Cristina Calle Las Rosas #2	47		
Participant's Email Address:		84		
Name of Counsel:	A Commence of the Commence of			
Address of Counsel:		a	7 (14)	
Email Address of Counsel:	2 115			_
2. Participant's	Claim number and the nature of Participant's Claim	•		
Claim Number:	171223			
Nature of Claim:	Claim unrecieved Incentiv	Centr	2	20
By: <u>Gregorio Figuer</u> Signature		SAN JUAN SAN JUAN SAN JUAN SAN JUAN	20 007 -5	\$ 63A 133
Print Name		A PROPERTY.	PH 5: 2	& THEU
Title (if Participant is 9/15/2021 Date	not an individual)		12	



Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 121 of 142

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 122 of 142

Juay rubo, P.R. 00970 Sasa M. González Reyes P.R. 00 918-1767

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 123 of 142

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: brendalissettepr Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: BK 3283-LTS Claim Number: Nature of Claim: By: Title (if Participant is not an individual) September 23, 2021

brisas del Cari

wany was FECEIVED & FILED

5: 22

130 1202150 Ave. Carlos

Chardon 00918-1747

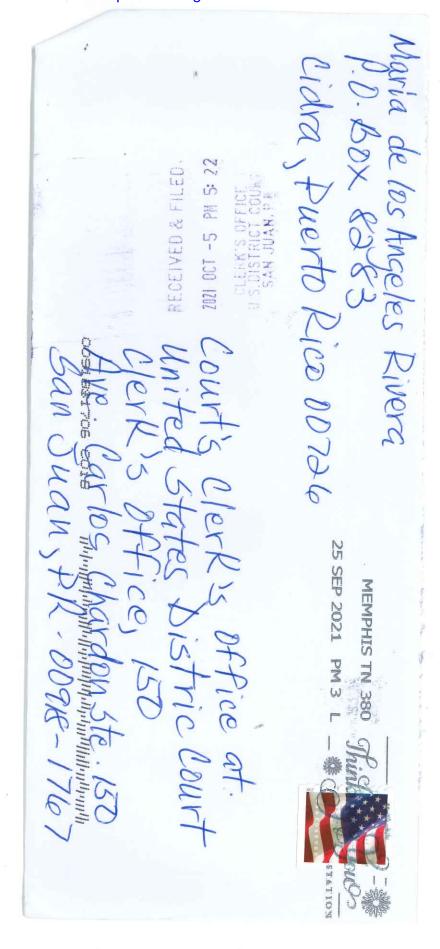
150

THEFT IN WE

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Pro se Notices of Participation Page 125 of 142

Participant must provide all of the information below in English:

	1.	Participant's c if any:	contact information, including email address, and that of its counse	Ι,
✓ Partic	cipant's l		Maria de los Angeles Rivera Mele	endez.
Partic	ipant's A	Address:	P.D. Box 8283 Caguas Puert	D Dico ODZ
Partic	ipant's I	Email Address:		
Name	of Cour	ısel:		
Addre	ess of Co	unsel:		-
Email	Address	s of Counsel:		
	2.	Participant's C	laim number and the nature of Participant's Claim:	• <u>5</u>
-Claim	Number		179089, 176138, 141792	
	of Clair	m:	yages back Pay Ley Promesa J	itle III_
Ву:	Signatu	ire	Mercal No. 11 BK 3	383-713
	Mar	a de los	Angeles Rivera Melende 250 5	0
	Print N	ame		
	Title (if	Participant is n	not an individual)	
	40 J	tempor	V 23 2021	
	Date		400	



Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 127 of 142

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Sara Robinguy Ping
Participant's Address: N. COI Box 13915 R no Grande 0074
Participant's Email Address: Pitoo 70 31 (a) g. mail com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim:
By: Sais Roding Piers
Signature
sara Rodviguez
Print Name
Title (if Participant is not an individual)
25/8/31
Date

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc: Pro se Notices of Participation Page 128 of 142

RECEIVED & FILED

707 0CT -5 Ph

ster 150

hon P.R.00918-1767

to. 4 P S D.

MEMPHIS TN 380 G

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii aliy.	
Participant's Name:	Lillian H Alicea Ortiz
Participant's Address:	Urb. Country Club 916 calle Raspinell San Juan P.R. 000
Participant's Email Addres	s: lillianalicea 2000@hotmail.com
Name of Counsel:	Department of Education
Address of Counsel:	P.O. Box 190759 San Juan P.R. 00919-0759
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	133545
Nature of Claim:	Law 89 Romerazo, Law 164 Law 96
By: Signature	Off.
Lillian H Alice Print Name	a Ortiz
Special F-duc Title (if Participant	is not an individual)
September Date	20, 2021

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

I was employee from Department of Education of the Commonwealth of Puerto Rico from 1982 till 2013 (december). Asking for the maximum compensation.

L. Avice a Ortiz Urb. Country Club of Raspinell + 1916 San Juan . P.R. 00924

United States District Court

22:5 Hd S-115007 Ave. Carlos Chardon Ste. 150

remains of the control of the contro



Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc Pro se Notices of Participation Page 131 of 142

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Kamon W. Kadriquez-Medina
Participant's Address: Calle Isidro Comacho 19, Lajas, P.R. 00687
Participant's Email Address: wifre vo driguez@ g mail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 164749 141156
Nature of Claim: 3% Asist of Living oretire Escala Salaria
By: Ramon W. Rodrigue Medina Signature
Ramon W. Rodriguez Medina Print Name
Title (if Participant is not an individual)
Date 18 de agosto de 2021

Ramon W. Rodríguez Medina Calle Isidro Camacho D19 Lajas, P.R. 00467

S. DISTRICT CONSTRUCT CONS

VECEIVED & FILE

2:5

7071 OCT

United States District Cour Clerk's Office, 150 Ave Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767

00010-470000

MEMPHIS TN 380 JUNESSALEP 2021 PM 2 L _ APC

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc:

Pro se Notices of Participation Page 133 of 142

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Kamon W. Rodriguez-Medina
Participant's Address: Calle Isidro Camacho II/9, Lajas, P.D. 0066,
Participant's Email Address: wifre vodviguez @ q mail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK 3283-LTS-149413
Nature of Claim: Ley 89-Incentivo
By: Ramon W. Robins Medina
Ramon W. Rodriguez Medina
Print Name
Title (if Participant is not an individual)
18 de agosto de 2021 Date

Ramonia alle Isidro Lamacho II 19 9 95, P. R. 00667 quez Medina

MEMPHIS TN 380

RECEIVED & FILED

7071 OCT -5

United States District Co Clerk's Office, 150 Ave Carlos Chardon Ste. 150, San Juan, P.R. 20918-1767

COUT B-17002K

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc SRF 55923 Pro se Notices of Participation Page 135 of 142

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: John Waldowado Ramos
Participant's Address: Pulb-229, He 1 Box 29030, Cogoos, P.D. 00725
Participant's Email Address: Julio. Waldowsdo 1961@ hotmail. con
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:7
Nature of Clasin: Comalowes the OF Poerto Rico
By: Juli Walder
Signature Signature
John uplando Mas
Print Name Anthorized t
Title (if Participant is not an individual)
09-21-2021
Date

 Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Pro se Notices of Participation Page 137 of 142 SRF 55923

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Ada Nellis Guadalu pe Rivera Participant's Address: Fajardo P. R. 00738 Participant's Email Address: Quadalu pe adata te quadata te quadalu pe adata te quadata te q
Participant's Address: Fold Colle 5-1 #3
Participant's Email Address: <u>quadalupeadats@yahoo.com</u>
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 170794
Nature of Claim: Never received governost Romero
By: Am Hualyre Due of Pay Wise.
Ada N. Gread d'upe Rivera Print Name
Z E
Title (if Participant is not an individual)
23- Sept. 2021

in Tuan, P.R. 00918-1767

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Elizabeth Rosario Gonzalez
Participant's Address: P.O. Box 1022 Patilles P.R. 60723
Participant's Email Address: elirosano 29 a yahoo.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 13 9 18 3
Nature of Claim: Public Employee Claims
By: Upbett Rosard Hoch Spension Retired
Signature
Elizabeth Rosano Gonzale 2
Title III Promosa
Title (if Participant is not an individual)
Sept 21, 2021

atilias P.R. 00723

MENTHIS IN 380

K.R. 00918-1767

00918-170825

դրայորի դիրիկին արև արդինի արդերի արդերի արդերին

Case:17-03283-LTS Doc#:18407-1 Filed:10/06/21 Entered:10/06/21 13:57:08 Desc SRF 55923 Pro se Notices of Participation Page 141 of 142

Participant must provide all of the information below in English:

1. Participa if any:	ant's contact information, including email address, and that of its counsel,
Participant's Name:	Ramonita Morales Muniz
Participant's Address:	H.C 9 Box 3075 Ponce, P.R 0073
Participant's Email Ad	dress: morales muniz ramonita agmail . com
Name of Counsel:	
Address of Counsel:	
Email Address of Cour	sel:
2. Participa	ant's Claim number and the nature of Participant's Claim:
Claim Number:	17 B K 3283-LTS
Nature of Claim:	Promesa Title 111
By: Ramou Signature	te Morales Musin
Ramonito Print Name Teache	Morales Muriz
Title (if Particip	ant is not an individual)
22 /o Date	9/2021

H.C. 9 Ponce, P.R. 00731- 9709 Box 3075

Kamonita Morales Muniz

28 SEP 2021 PW 1

00918-170449

RECEIVED & FILED

5- 130 184 50, San Juan, P. R. DO918-1767

Court, Clerk's